

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?	None
Title::	PHARMACEUTICAL COMPOSITION OF 1-(3,4-DIMETHOXYPHENYL)-4-METHYL-5-ETHYL-7-METHOXY-8-HYDROXY-5H-2,3-BENZODIAZEPINE AND USES THEREOF
Attorney Docket Number::	18184-0004 US
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure?	N/A
Total Drawing Sheets::	0
Small Entity::	Yes
Petition included?	No
Secrecy Order in Parent Appl.?	No

Applicant One Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name:	Robert F.
Family Name::	Kucharik
City of Residence::	Glenmoore
State or Province of Residence::	PA
Country of Residence::	USA
Street of mailing address::	1 Ashlea Drive
City of mailing address::	Glenmoore
State or Province of mailing address::	PA
Postal or Zip Code of Mailing Address	19343

Applicant Two Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name:	Steven M.
Family Name::	Leventer
City of Residence::	Langhorne

State or Province of Residence::	PA
Country of Residence::	USA
Street of mailing address::	72 Oakwynne Terrace
City of mailing address::	Langhorne
State or Province of mailing address::	PA
Postal or Zip Code of Mailing Address	19047

Applicant Three Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	USA
Status::	full capacity
Given Name::	Herbert W.
Family Name::	Harris
City of Residence::	Merion
State or Province of Residence::	PA
Country of Residence::	USA
Street of mailing address::	121 Glenwood Road
City of mailing address::	Merion
State or Province of mailing address::	PA
Postal or Zip Code of Mailing Address	19066

Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application is a	Non-Provisional of	Provisional 60/430,771	December 3, 2002

Representative Information

Representative Customer Number::	23973
Representative Contact::	Daniel A. Monaco
Contact Number::	(215) 988-3312

Assignee Information

Assignee name::	Vela Pharmaceuticals, Inc.
Street of mailing address::	3131 Princeton Pike
Street of mailing address::	Building 4, Suite 216
City of mailing address::	Lawrenceville
State of mailing address	NJ
Country of mailing address::	United States of America
Postal or Zip Code of mailing address::	08648